

A GPRS-Based Wearable Physiological Parameters Identification Using Smartphone

Rajalakshmi A^{*1}, Karthick S^{#2}, Valarmathy S^{#3}, Agalya A^{#4}, Nivetha k^{#5}

*M.E. Embedded Systems, Bannari Amman Institute Of Technology,
Sathyamangalam, Tamilnadu, India.

#Assistant Professor, Dept. of ECE, Bannari Amman Institute Of Technology,
Sathyamangalam, Tamilnadu, India.

#Professor & Head, Dept. of ECE, Bannari Amman Institute Of Technology,
Sathyamangalam, Tamilnadu, India.

#M.E. Embedded Systems, Bannari Amman Institute Of Technology,
Sathyamangalam, Tamilnadu, India.

#M.E. Embedded Systems, Bannari Amman Institute Of Technology,
Sathyamangalam, Tamilnadu, India.

Abstract-This project represents a remote monitoring system to reduce the potential risks for Sudden Infant Death Syndrome (SIDS), which can be used at home or in hospitals. This system consists of blood pressure, temperature sensor and heart rate sensor. The heart rate concentration in the exhaled pulse, temperature and heart rate is regularly and frequently sensed. It also includes a GPRS module to transmit the data. Besides the alarm signal, all sensor signals are multiplexed and transmitted along with the infant's ID for diagnosis purposes. The transmitter is in sleeping mode until there is an initiation from PIC controller. The alarm signal of each infant is the ID designated for the incubator. At the receiver end, an SMS will be received as soon as an alarm signal is sent by the identified transmitter while the server starts to record the data and the doctor is informed via a mobile.

Keywords: GPRS, ECG, Java, Android, Embedded, SMS, Alarm signal.

I. INTRODUCTION

The three sensors with their leads are placed on the appropriate locations of the patient. The ECG signals detected from the patient are of very low amplitude and are amplified by the instrumentation amplifier of sufficient gain. These ECG voltage signals are amplified, filtered and then compared with a fixed threshold (reference voltage) to detect an ECG event. This detected event is indicated by LCD & Buzzer. There is a level detector section which gives the state of the QRS complex of the heart. ECG is detected for some period of time and an audio visual alarm system will sound indicating

rate is below 60bpm and also another section of the system detects tachycardia if the heart rate is above 120bpm. These ECG signals are being interfaced or transmitted through GPRS and an android to PC and Tablet or Mobile phone respectively using a microcontroller. The microcontroller captures the biosignals, processes it and sends it to the GPRS.

The GPRS then establishes connectivity with the PC or the Android GPRS and the signals thus are transmitted to the PC or the Tablet. The android application can be installed and tested on any smart phone or tablet and screen resolution can be adjusted later as per requirement. This helps the doctor to have a visual description of the patient's ECG without the need of mounted monitors.

There were some proposed remote monitoring systems, such as cardiopulmonary monitoring [4-7], vision monitoring [8], oxygen consumption monitoring [9] and multi-purpose monitoring [10]. Some approaches are invasive [4-7, 9-10], making both the infant and his/her parents uncomfortable. Some are not as effective as expected such as baby monitoring cameras due to the unrecognized signs of SIDS [8].

We propose a new method using heart rate sensors, temperature sensor, and heart beat sensor placed in the crib around an infant to non-invasively monitor the exhaled air concentration, temperature, and heart beat variation from him/her. By monitoring the outputs of heart rate sensors, we can detect if there is anything wrong with the infant's respiration. The output data can be used to activate an alarm or logged for further diagnoses. With GPRS integration, our system can be used to monitor a large number of infants in the nursery room of a hospital.

lasts between 0.34 and 0.42 seconds.

II. METHODOLOGY

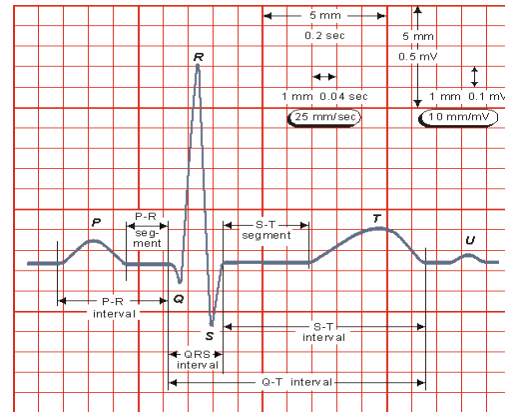
A. Electrocardiogram (ECG) Signals

Electrical waves cause the heart muscle to pump. These waves pass through the body and can be measured at electrodes (electrical contacts) attached to the skin. Electrodes on different sides of the heart measure the activity of different parts of the heart muscle. An ECG displays the voltage between pairs of these electrodes, called Leads, and the muscle activity that they measure, from different directions. For example, Bipolar Limb Lead I represents the voltage between the (positive) left arm (LA) electrode and right arm (RA) electrode. So $Lead I = LA - RA$. This display indicates the overall rhythm of the heart, and weaknesses in different parts of the heart muscle. [7]

The ECG signal can be divided into several parts, each with a specific time interval and a special significance and representation. ECG waveform components, as illustrated in Fig. 2, are:

1. P wave: Depolarization of the right and left atria.
2. QRS complex: Right and left ventricular depolarization. The normal duration is 0.06 to 0.10 seconds.
3. T wave: Ventricular repolarization.
4. U wave: Late repolarization of papillary muscles.
5. PR interval: Time interval from onset of atrial depolarization (P wave) to onset of ventricular depolarization (QRS complex). The normal P-R interval is 0.12 to 0.20 seconds.
6. QT interval: Duration of ventricular repolarization and repolarization. In most cases, the Q-T interval

III. NORMAL ECG WAVEFORM



A. System design

Crib design

Infants may take various sleeping positions and the exhaled air may spread in many directions due to air circulation. Thus, an array of heart rate sensors is placed around the crib on the bars to provide sufficient information. A circuit board connected to the sensors is placed outside the crib to process the data. The circuit board includes a wireless module for transmitting and receiving data. The module is away from the infant to ease parents' concern of electromagnetic waves from the wireless module. A drastic variation of concentration will produce an abrupt change in sensor outputs and the processor will be activated to send out an alarm signal. With the GPRS approach, an identification (ID) signal of the infant will be sent out to correlate the sensing/alarm signals with the ID. This will significantly reduce the labour costs and time. The sensor data and ID can be pulled periodically for monitoring and calibration. The stored vital sign data can help doctors to identify or diagnose any potential health problems in infants.

System Overview

Fig. 2 shows the functional block diagram of the system hardware. The system has been designed to take several inputs to measure physiological parameters of human such as temperature, heart rate, pressure, and detection of any fall. The inputs from the sensors are integrated and processed by the PIC controller. The results are

sent through GPRS module as SMS to the physician.

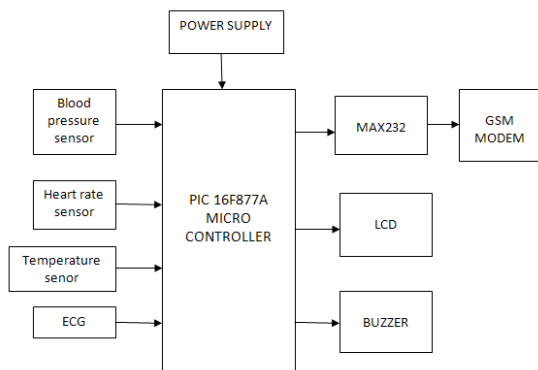


Fig. 1 block diagram

Hardware for Mobile:



Fig.2 block diagram

The sensors mounted in the crib will send the signals to the PIC controller which is programmed. If any of the values become abnormal the system provides the alarm and sends SMS via GSM modem to the physician. The GPRS is interfaced with PIC by using serial communication driver MAX 232. The LCD is placed to continuously monitor the infant.

IV. BLOOD PRESSURE SENSOR

Blood pressure (BP), sometimes referred to as **arterial blood pressure**, is the pressure exerted by circulating blood upon the walls of blood vessels, and is one of the principal vital signs. When used without further specification, "blood pressure" usually refers to the arterial pressure of the systemic circulation, usually measured at a person's upper arm. A person's blood pressure is usually expressed in terms of the systolic pressure over diastolic pressure and is measured in millimeters of mercury (mm Hg). Normal resting blood pressure for an adult is approximately 120/80 mm Hg.

Blood pressure varies depending on situation, activity, and disease states, and is regulated by the nervous and endocrine systems. Blood pressure that is pathologically low is called hypotension, and pressure that is pathologically high is hypertension. Both have many causes and can range from mild to severe, with both acute and chronic forms. Chronic

hypertension is a risk factor for many complications, including peripheral vascular disease, heart attack, and stroke. Hypertension is generally more common, also due to the demands of modern lifestyles. Hypertension and hypotension go often undetected because of infrequent monitoring.

V. PIC MICROCONTROLLER

The **16F877A** is one of the most popular PIC microcontrollers and it's easy to see why - it comes in a 40 pin DIP pinout and it has many internal peripherals. The only disadvantage that you could level at it is that it does not have an internal clock source like most of the other more modern PIC's. There is an alternative part 16F887/A that has nearly the same functionality as the 16F887A but also includes an internal clock like the 16F88 and 18F4550 plus it has nanowatt technology.

VI. HEART RATE SENSOR AND TEMPERATURE UNIT

It consists of LED (light emitting diode) and LDR (light detection resistor) which are placed parallel to each other. LED emits IR (Infrared) rays so that, when the finger is placed in between LED and LDR so that there exists some systolic pressure [15, 16]. LED emits IR rays which are travelled through finger and blood flows with arteriole pressure. Whenever systolic pressure is applied, normal pressure of blood flow is disturbed at fingertip which is high and IR rays penetrate through blood and are received by LDR. The signals are analog which are converted into digital by the PIC. LM35 temperature sensor [17] is used to measure the temperature and connected to PIC. This sensor unit works under low power DC input of 5V which is controlled by a mini transformer.

VII. MAX232

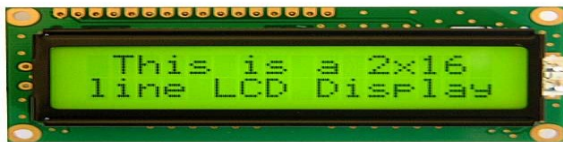
Since GPRS supports digital data transmission, MAX232 is used to convert the digital data in the serial form using parallel-in-serial-out shift registers suitable for wireless communication. UART IC chip allows the digital data transmission in the form of bits (bits per second) in asynchronous manner (characters transmission). RS232 standards are used for serial communication [18], which are not TTL (Transistor-Transistor-Logic) compatible.

VIII. GPRS

GPRS is abbreviated as General Packet Radio Service [19]. GPRS modem has a slot for inserting SIM (Subscriber Identity Module). GSM

network contains Mobile Station, Base station subsystem and Network subsystem. Mobile station contains IMEI number and SIM has IMSI number. Base station subsystem contains Base Transceiver Station which has antennas for communication and Base Station Controller which controls multiple base stations. Network subsystem contains VLR (Visitor Location Register), HLR (Home Location Register), AuC (Authentication Center) and EIR (Equipment Identity Register). MSC (Mobile Switching Center) is the major part which is the gate way for communication between mobile station and PSTN. HLR stores the information about the subscriber and the current location of subscriber. VLR provides the services to the subscribers of HLR who are visitor users. AuC gives the security of the user and to identify the location of the subscriber. EIR is also for security purpose and to identify the mobile station. MAX232 is connected to GPRS modem so that it is useful for serial data transmission. OSS (Operation Support System) is used to control the traffic of users.

IX. LCD DISPLAY



X. THE PROPOSED ECG CIRCUIT

The proposed system should meet the following engineering requirements: In the proposed ECG circuit, the main goal was to minimize the size of the circuit and minimize the number of electrodes needed without compromising the accuracy of the measurement. The circuit is powered with a DC power supply (18V batteries). As a preamplifier, and to obtain Lead I = LA-RA, a high precision instrumentation amplifier AD624 [8] was used. The bandwidth was limited to (8.8-40Hz) using a high pass filter of first order and the low pass filter of second order. The bandwidth and the orders of the filters are decided upon after experiment and trial to finally come up with the clearest ECG signal taken from only two surface electrodes placed on the thumbs.

The proposed ECG circuit is divided into five main parts each of a different role and significance as illustrated in the block diagram of Fig. 3. First, the surface electrodes

used are disposable adhesive pre-jellified electrodes attached to the left and right thumbs to acquire the LA and RA of Lead I to be analyzed later to obtain the heart rate of the patient. Second, we used the AD624 which is a high precision, low noise, instrumentation amplifier designed primarily for use with low level transducers, including load cells, strain gauges and pressure transducers. An outstanding combination of low noise, high gain accuracy, low gain temperature coefficient and high linearity make the AD624 ideal for use in high resolution data acquisition systems. A active first order Butterworth high pass filter is then placed to remove low frequency noise; it is designed to have a cutoff frequency of 8.84Hz. Also, an active second order Butterworth low pass filter is placed to remove high frequency noise; it is designed to have a cutoff frequency of 40Hz. The gain amplifier amplifying the ECG signal amplitude by ten times according to this equation: $V(out) = (1 + Rf/Rin) * [V(in)]$. So, $V(out) = 10 * [V(in)]$. The proposed ECG circuit aims to optimize the circuit and reduce it to minimal size without decreasing the accuracy of the ECG signal and thus calculating the correct heart rate. The Quad LM348N is used instead of 3 IC's. It consists of four independent, high-gain, internally compensated, low power operational amplifiers.

XII. SYSTEM DESIGN

A. Android Smartphone Application:

Android is a Linux-based operating system for mobile devices such as smartphones and tablet computers. It is developed by the Open Handset Alliance led by Google. The Android software has been chosen in the proposed mobile heart rate monitor over other software stacks for mobiles due to its open sources and the Android SDK (Software Development Kit) which provides the tools and APIs necessary to begin developing applications from scratch on the Android platform using the Java programming language. Fig. 5 illustrates the layout of the smartphone application developed for the accessory. Whereas Fig. 6 describes the flowchart of the code written for the Android based device application.



Fig.5 Layout of the Android Smartphone Application

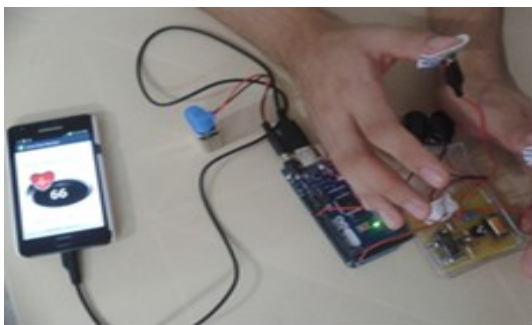
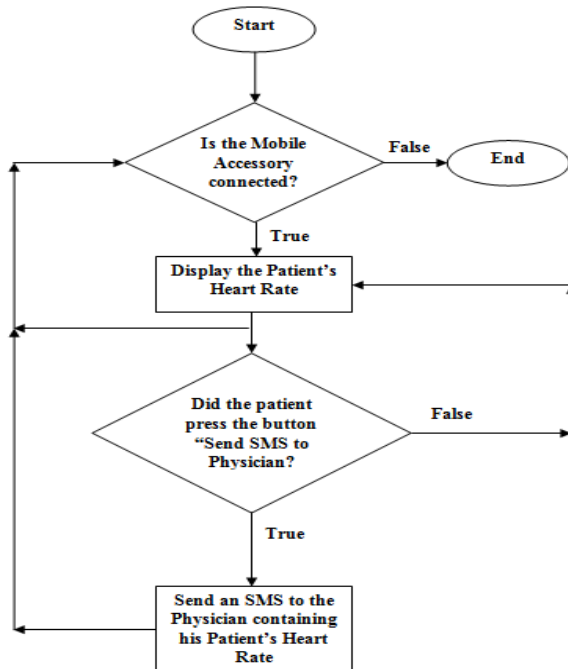


Fig.9 Heart Rate of a patient displayed on the phone application

XIII. RESULT AND DISCUSSION

Heart rate sensor and LM35 sensor senses the heart rate, temperature, exhaled blood pressure of infant by taking the average of ten readings by fixing maximum and minimum values (normal range of heart beat is 60-150bpm and 98.6° F) and the data is transferred to PIC controller. Crystal oscillator generates 11.0952MHz of signals used for operation and by

enable input MUC works, stores the data in EPROM chip which is displayed on LCD. PIC stores the digital data after converting the analog data from sensor unit by ADC in the PIC, for some delay unit of time and resets the reading in PIC as well as in LCD also. MAX232 receives the digital data and converts into serial form suitable for GPRS communication so that data is received by the user (doctor) by verifying the IMEI number. The doctor advises precautions for the temporary observation of the patient from serious condition.

1. Initializing and resetting all components



2. Display Heart rate/BP/Temp



3. Displaying the abnormality



4. After sending the SMS to the Doctor/a person it will display as 'SMS sent' on the LCD display

XIV. CONCLUSION AND FUTURE SCOPE

By using this prototype circuit containing PIC16F877, GPRS Modem, LCD and other hardware circuit so that the page messages can be transferred at fixed time intervals to the corresponding medical expert to give necessary precautions to take care about the patient. This system has the following features: i. PIC16F877 consumes low power with suitable devices for interconnection. ii. Auto alarm system is provided which sounds only when the reading

exceeds or reduces than the normal level. iii. Continuous monitoring of patients is done which is simple by using GPRS network.

The final concept of the system by themselves was positive and also have continuously encouraged this development is implemented in a practical way and continuity as a project. It is noteworthy that the idea of this work is to show the possibility of having a useful solution, low cost, using the existing infrastructure in telecommunications technologies at the site of interest and the use of free software tools for application development. A first approach would be the Caribbean Region of the Colombian territory. The next job is to consist pilots from different parts of the region, allowing different rural populations enjoy timely medical care and lower cost.

REFERENCES

- [1] U. Varshney and S. Sneha, "Patient monitoring using ad hoc wireless network: reliability and power management", *IEEE Communications Magazine*, pp.49–55, April 2006.
- [2] American SIDS Institute <http://www.sids.org>
- [3] National SIDS/Infant Death Resource Center <http://www.sidscenter.org>
- [4] J. Bunker, M. Kejariwal and G. Monlux, "SIDS home monitor with telecommunications capabilities", *In Proc. of IEEE EMBS International Conference*, pp. 1060–1061, Oct 28-31, 1993.
- [5] T. Hoppenbrouwers, M. Neuman, M. Corwin, J. Silvestri, T. Baird, D. Crowell, C. Hunt, M. Sackner, G. Lister, M. Willinger and CHIME, "Multivariable cardiorespiratory monitoring at home: collaborative home infant monitoring evaluation (CHIME)", *In Proc. of IEEE EMBS International Conference*, Volume 1, pp. 61–62, Oct 31-Nov 3, 1996.
- [6] S. Singh and H. Hsiao, "Internet based infant monitoring system", *In Proc. of the first Joint IEEE BMES/EMBS Conference*, Volume 2, page 674, Oct 13-16, 1999.
- [7] M. R. Neuman, H. Watson, R. S. Mendenhall, J. T. Zoldak, J. M. Di Fiore, M. Peucker, T. M. Baird, D. H. Crowell, T. T. Hoppenbrouwers, D. Hufford, C. E. Hunt, M. J. Corwin, L. R. Tinsley, D. E. Weese-Mayer, M. A. Sackner and the CHIME Study Group, "Cardiopulmonary monitoring at home: the CHIME monitor", *Physiological Measurement*, pp. 267–286, 2001.
- [8] P. Dickinson, K. Appiah, A. Hunter and S. Ormston, "An FPGA based infant monitoring system", *In Proc. of IEEE International Conference on Field-Programmable Technology*, pp. 315–316, Dec 11-14, 2005.
- [9] W. W. Von Maltzahn and G. A. Miller, "Oxygen consumption monitor for infants", *In Proc. of IEEE EMBS International Conference*, pp. 856–857, Nov 3-6, 1994.
- [10] Smartphone apps now playing doctor By Laura Ruane, USATODAY Updated 8/8/2012 <http://usatoday30.usatoday.com/tech/news/story/2012-08-05/smartphones-health/56764686/1>
- [11] Partners HealthCare: center for connected health <http://www.connected-health.org/>
- [12] Research2Guidance: the mobile research specialist *MOBILE HEALTH MARKET REPORT 2011-2016 THE IMPACT OF SMARTPHONE APPLICATIONS ON THE MOBILE HEALTH INDUSTRY*